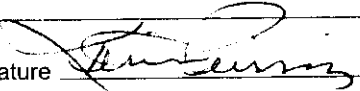
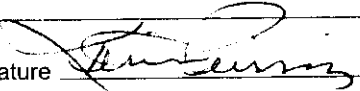
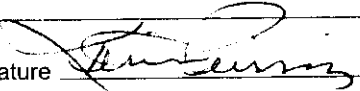


No. W 23695	Due no later than April 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX JOHN M FORNAROTTO MD 500 S 11TH AVE STE 502 POCATELLO, ID 83201												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address (Correct in this box, if applicable) POCATELLO EYE CARE, PLLC JOHN M FORNAROTTO MD 500 S 11TH AVE STE 502 POCATELLO, ID 83201	3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>John M Fornarotto MD</td> <td>500 S 11th Ave Ste 502</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	John M Fornarotto MD	500 S 11th Ave Ste 502	Pocatello	ID	83201
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Member	John M Fornarotto MD	500 S 11th Ave Ste 502	Pocatello	ID	83201									
5. Organized Under the Laws of: IDAHO W 23695	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>4/27/04</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Brocklee per</u></td> <td>Title <u>Kerin Raissig</u></td> </tr> </table>		Signature 	Date <u>4/27/04</u>	Name (Typed or Printed) <u>Brocklee per</u>	Title <u>Kerin Raissig</u>								
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